

REC'D JUN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19777
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 1171
(b) Township Jackson Primary Registration District No. 6145
(c) City Raymondville Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
frs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion E. Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-28-1874
7. AGE YEARS 63 MONTHS 10 DAYS 8 (LESS than 1 day, _____ hrs. or _____ min.)
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 2-20-1935 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo
13. NAME James Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calaway Co. Mo
15. MAIDEN NAME Nancy Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT (ADDRESS) James Lewis Raymondville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Allen DATE May 7 1938
19. FUNERAL DIRECTOR (ADDRESS) H. D. Elliott Houston Mo.
20. FILED May 7 1938 Mrs. Doris Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1938
22. I HEREBY CERTIFY That I attended deceased from May 2 1938 to May 6 1938
I last saw him alive on May 2 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral Choplexy Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) W. D. Herron M. D.
(Address) Houston, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Net Embalmer, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)